



VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

July 17, 2018

Ms. Catherine Rooney, Manager
Owen House, Ltd
3 Union Street
Fair Haven, VT 05743-1028

Dear Ms. Rooney:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 13, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota, RN".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER. 0382 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 06/13/2018 |
|---|--|---|--|
| NAME OF PROVIDER OR SUPPLIER OWEN HOUSE, LTD | | STREET ADDRESS, CITY, STATE, ZIP CODE 3 UNION STREET FAIR HAVEN, VT 05743 | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES. (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) R100 Initial Comments: An unannounced onsite re-licensure survey was conducted by the Division of Licensing and Protection on 6/13/18. The following regulation violations were identified. |
| R134 V. RESIDENT CARE AND HOME SERVICES SS=U | R134 | R134 | <p>R134</p> <p>Asof 6/15 #1 has all info included in her assessment</p> <p>All others were checked for completion's</p> <p>I will review all assessments to insure they are completed within the same frame</p> |
| R188 V. RESIDENT CARE AND HOME SERVICES SS=E | R188 | | |

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM
See Signature on page 6 of 7.

1P0411

If continuation sheet 1 of 7

R134 - R314 POC accepted B.Bortell/RH/Pruce 7/16/18

Division of Licensing and Protection

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| R188 | Continued From page 1 § 12.b.(2) A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any. | R188 | | |
| <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to have complete information in the resident record as required by regulations for 3 of 3 residents reviewed, Resident #1, 2 and 3. Findings include:</p> <p>Resident #1 does not have a current picture in the medical record, the owner stated that the resident had been out with his/her sons and it was sent with them and must not have been returned. Resident #1 does not have information on who to contact in the event of death.</p> <p>Resident #2 does not have the address or phone number of his/her primary care physician and no information on who to contact in the event of death.</p> <p>Resident #3 has no information on who to contact</p> | | | | |

R188

As of 6/15 #1 has a photo in records filled out info on who to call for emergencies

As of 6/15 #2 has address etc of primary care + contact in case of death

As of 6/15 #3 has contact info in case of death

A review of all records was completed as of 6/15 to insure all info was completed

Division of Licensing and Protection

STATE FORM

889

1PU411

If continuation sheet 2 of 7

Division of Licensing and Protection

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| R188 | Continued From page 2 In the event of death. The owner confirmed on 6/13/18 at 12:20 PM that the information was missing from each of the medical records. S/he stated that in the event of death s/he would call everyone listed as contacts. In reviewing the records, not all residents have family and some are case managers and the owner stated that s/he wasn't sure what to do in that case. | R188 | P188 I will review all admissions to insure they are completed within the time frame | |
| R247 | VII. NUTRITION AND FOOD SERVICES SS=E | R247 | <p>7.2 Food Safety and Sanitation</p> <p>7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to assure all perishable foods were maintained in accordance with licensing regulations and accepted safe food handling practices. Findings include:</p> <p>Per observation on 6/13/18, unlabeled and undated hamburg patties were in the freezer. There were several containers of non-fat powdered milk, without dates as to when prepared and no labels as to what was in the container. Several bags of chips, cheese puffs and other like snacks were open and in the cupboard, all without dates as to when they were opened. Under the cupboard were large plastic</p> <p>R247 All foods + containers are labeled w/ dates this was done + completed 6/14/18 I educated staff for this procedure & will check weekly that it is done</p> | |

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| R247 | Continued From page 3 Jars that contained powdered milk, Bisquick and pancake mix. The jars were labeled for the content, but not dated as to when the mixes were poured into the jars. The direct care staff confirmed at 11:00 AM that they go through the food so quickly that s/he didn't know it had to be labeled. Confirmation from the owner at this time that regulations were not followed. | R247 | | |
| R302 | IX. PHYSICAL PLANT SS=D | R302 | | |
| <p>9.11 Disaster and Emergency Preparedness</p> <p>9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to conduct fire drills per regulations. Findings include:</p> <p>Review of the fire drills/evacuations between May 2017 and May 2018, the facility failed to have a fire drill between May and November 2017. Drills were held May 27, 2017 at 5:00 AM, November 23, 2017 at 5:00 AM, and January 2018 at 5:00 AM.</p> <p><i>There is now in place a written plan in fire drill log for Jan, April, July & Oct for fire drills for each of the designated times of morning, afternoon, evening & nite</i></p> | | | | |

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| R302 | Continued From page 4 20, 2017 at 7:29 AM, January 9, 2018 at 9:00 AM and March 10, 2018 at 3:15 PM. These drills did not occur atleast quarterly and did not rotate times of day (morning, afternoon, evening and night). The owner confirmed at 12:10 PM that the drills were not held in accordance with regulations. | R302 | |
| R313 | XI. RESIDENT FUNDS AND PROPERTY \$\$=D | R313 | <p>11.1 A resident's money and other valuables shall be in the control of the resident, except where there is a guardian, attorney in fact (power of attorney), or representative payee who requests otherwise. The home may manage the resident's finances only upon the written request of the resident. There shall be a written agreement stating the assistance requested, the terms of same, the funds or property and persons involved.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident and staff interview and record review, the facility failed to obtain a written request for assistance for 1 applicable resident, Resident #4. Findings include:</p> <p>During an interview with all residents, Resident #4 made the statement that, "can't get my money when I want it". In a separate interview with the resident, s/he stated that the home keeps his/her money. The owner confirmed, during an interview at 11:30 AM, that Resident #4 gets money sent with the instructions to give him/her an allotted amount at a time. There is no evidence that the resident has a legal guardian and per the owner, s/he is their own person.</p> <p>R313 On 6/14/18 resident has a signed assistance request agreement for his monies. Any one who requests assistance will have a signed request form in file.</p> |

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| R314 SS=D | XI. RESIDENT FUNDS AND PROPERTY 11.2 If the home manages the resident's finances, the home must keep a record of all transactions, provide the resident with a quarterly statement, and keep all resident funds separate from the home or licensee's funds This REQUIREMENT is not met as evidenced by: Based on resident and staff interview and record review, the facility failed to provide a quarterly statement of finances that they hold for applicable resident, Resident #4. Findings include: During an interview with all residents, Resident #4 made the statement that, "can't get my money when I want it". In a separate interview with the resident, s/he stated that the home keeps his/her money. S/he further stated that s/he never receives a statement to tell them how much money they have or have spent. The owner confirmed, during an interview at 11:30 AM, that Resident #4 gets money sent with the instructions to give him/her an allotted amount at a time. There is no evidence that the resident has a legal guardian and per the owner, s/he is their own person. The procedure for accounting is to document on a sheet of paper, when and how much money is given to the resident. The owner confirmed that there is no quarterly statement provided. | R314 | R314 Every month when residents money is sent resident will sign the accounting sheet for verification. This was started on 6/15/18. Every month resident will receive copy of accounting sheet |

Division of Licensing and Protection
STATE FORM

Cathleen Rose
Cathleen Rose
manager

EAO# 1PU411

II continuation sheet 6 of 7

6/29/18

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